

Business Information

Business Name _____

Entity Type _____

EIN # or Tax ID _____

Business Phone _____

Email _____

Present Street Address _____

City _____ State _____ Zip Code _____

Ownership Information

_____	_____	_____
Last Name	First Name	Initial
_____	_____	_____
Date of Birth	Social Security Number	Ownership %
_____	_____	_____
Email _____		
Present Street Address _____		
_____	_____	_____
City	State	Zip Code

_____	_____	_____
Last Name	First Name	Initial
_____	_____	_____
Date of Birth	Social Security Number	Ownership %
_____	_____	_____
Email _____		
Present Street Address _____		
_____	_____	_____
City	State	Zip Code

Everything I/we have stated in this application is true and complete. By signing below, I/we agree to the terms and conditions of the membership and account agreement, truth-in-savings rate and fee schedule, online banking, bill pay and e-statements disclosures, funds availability policy disclosures, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of agreement and disclosures applicable to the accounts and services requested therein. If an ATM card or EFT service or debit card is requested and provided, I/we agree to the terms and acknowledge receipt of the electronic funds transfer agreement. I/we authorize the credit union to obtain my/our credit report to determine creditworthiness for credit products offered by the credit union. Under penalties of perjury, I/we certify that the social security number (SSN)/ taxpayer number I/we have listed above, is my/our correct number and that I/we are not subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature 1: _____

Signature 2: _____

Date: _____

Eligibility: _____

Account #: _____

To be completed and signed by credit union employee:

I have verified the identity, date of birth, and physical address of this member by examining an unexpired government issued photo identification card.

Type of document: _____

Document number: _____

Expiration date: _____

Employee Signature: _____ Date: _____

Type of document: _____

Document number: _____

Expiration date: _____

Employee Signature: _____ Date: _____



www.voyagefcu.org

MAIN LOCATION:
3823 S. Kiwanis Circle | PO Box 88538
Sioux Falls, SD 57109-8538
605-338-2533